



## EJVES Extra Abstracts<sup>☆</sup>

### An Unusual Cause of Recurrent Pulmonary Emboli

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The authors report a 51-year-old female primary care physician who attended the emergency medical department with pleuritic chest pain, shortness of breath and associated tachycardia. She had 6 weeks previously been admitted and treated for similar features with the diagnosis of pulmonary emboli made from a positive ventilation-perfusion scan. CT scanning confirmed the diagnosis of multiple bilateral pulmonary emboli but no abdominal or pelvic pathology and without evidence of deep venous thrombosis. Further clinical assessment found generalised hyperflexibility and swelling of the left popliteal region. Duplex ultrasonography followed by venography confirmed a 5-cm unilateral saccular aneurysm of the above knee popliteal vein containing central thrombus. A temporary IVC filter (Cook, Tulip) was placed and primary aneurysmectomy was performed through a posterior approach.

Popliteal venous aneurysms are rare but can present at any age and are associated with wall weakness from many causes. Pulmonary embolism is the most frequent presentation and is not dependant on visualized clot on imaging. As anticoagulation may be ineffective in preventing pulmonary embolism it is recommended all patients should undergo surgical repair.

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### Fenestrated Stent Graft for Contained Ruptured Type IV Thoraco-Abdominal Aortic Aneurysm

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We present a successful emergency repair of a contained rupture of a type IV thoraco-abdominal aortic aneurysm using a fenestrated stent graft. This case describes a rupture of a thoraco-abdominal aneurysm whilst the patient awaited manufacture of his custom-fenestrated endograft. Following rupture, he was transferred to our unit from his base hospital, the graft was sourced and implanted 24 h post rupture.

<sup>☆</sup> Full articles available online at [www.ejvsextra.com](http://www.ejvsextra.com)

Fenestrated stent grafting of ruptured aneurysms is feasible. Wide application of this technique is likely to remain limited due to stent graft availability and pre operative stability.

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### Rupture of Abdominal Aortic Aneurysm into Retro-aortic Left Renal Vein: A Case Report

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We report a case of a 77-year-old man with a rupture of an abdominal aortic aneurysm (AAA) rupture in a retro-aortic left renal vein and in the retroperitoneum. Preoperative computed tomography (CT) assessment showed retroperitoneal bleeding from large AAA rupture into an retro-aortic left renal vein.

After arteriovenous fistula suture, the patient underwent a successful abdominal aorto-iliac repair with an uneventful post-operative course without renal complications.

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### Missile Embolisation Following Shotgun-Inflicted Extremity Trauma

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Gunshot wounds have the potential to cause harm at a site far removed from the original entry wound through the mechanism of missile embolism. We report a case of shotgun injury to the upper extremity associated with simultaneous embolisation of both the arterial and venous system of the limb with widely different consequences.

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